24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Priorities USA Action				
	C C00495861			
Check if 24-hour report				
Full Name of Payee	Date of Public Distribution/Dissemination			
FUSE	10 10 10 2016			
Mailing Address 802 N 1st St	Amount			
City State Zip Code	378643.00			
Saint Louis MO 63102-2529	Transaction ID : VNTYH9TM3P3 Date of Disbursement or Obligation			
Purpose of Expenditure TV Ad Buy (Estimate) Category/ Type	10 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office	Sought: House District: 00			
TRUMP, DONALD J, , ,	President Senate State:00			
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	resement For: Primary General Other (specify)			
Full Name of Payee FUSE	Date of Public Distribution/Dissemination			
	10 / 10 / 2016			
Mailing Address 802 N 1st St	Amount			
City State Zip Code	644100.00			
Saint Louis MO 63102-2529	Transaction ID : VNTYH9TM3Q1 Date of Disbursement or Obligation			
Purpose of Expenditure Radio Ad Buy (Estimate) Category/ Type	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office	e Sought: House District: 00			
TRUMP, DONALD J, , ,	President Senate State: 00			
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	1022742.00			
(a) SOBTOTAL OF HOMELEAN INDEPENDENT EXPENDITURES	1022743.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Speed, Greg, , , [Electronically Filed] Date 1	0 12 2016			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼			
Priorities USA Action	C C00495861		
	J		
Check if 24-hour report	on M = M / D = D / Y = Y = Y		
Full Name of Payee	Date of Public Distribution/Dissemination		
GPS Impact	10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 100 E Grand Ave			
Ste 380	Amount		
City State Zip Code	250000.00		
Des Moines IA 50309-1801	Transaction ID: VNTYH9TNGV7 Date of Disbursement or Obligation		
Purpose of Expenditure Digital Ad Buy (Estimate) Category/ Type	10 10 / 2016		
Name of Federal Candidate Support Office	e Sought: House District: 00		
TRUMP, DONALD J, , ,	President Senate State: 00		
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	Other (specify) ►		
Full Name of Payee	Date of Public Distribution/Dissemination		
GPS Impact	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 100 E Grand Ave			
Ste 380	Amount		
City State Zip Code	350000.00		
Des Moines IA 50309-1801	Transaction ID: VNTYH9TNGW5 Date of Disbursement or Obligation		
Purpose of Expenditure Digital Ad Buy (Estimate) Category/ Type	10 10 2016		
TRUMP DONALD I	e Sought: House District: 00		
X Oppose x	President Senate State: 00		
Calendar Year-To-Date Per Election for Office Sought Disbut			
	Other (specify) -		
(a) SUBTOTAL of Itemized Independent Expenditures	600000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(2) COLIGINE OF CHICAMETER INSOPORTION EXPORTATION INTERNAL INTERN			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.			
	0 12 2016		
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	include Ly	FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
۲	riorities USA Action	C C00495861		
Ch	eck if 24-hour report 48-hour report New report Amends report filed	I on Mam / Dad / Yayayay		
	Full Name of Payee	Date of Public Distribution/Dissemination		
	Precision Network LLC	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 1140 Connecticut Ave NW Ste 800	Amount		
	City State Zip Code	560014.98		
	Washington DC 20036-4010	Transaction ID : VNTYH9TQ768 Date of Disbursement or Obligation		
	Purpose of Expenditure Digital Ad Buy (Estimate) Category/ Type	10 10 2016		
	Name of Federal Candidate Support Offic	e Sought: House District: 00		
	TRUMP DONALD I	President Senate State: 00		
	Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary General		
	To Estimate Stage	U Other (specify) ▶		
	Full Name of Payee Ralston Lapp Media, LLC	Date of Public Distribution/Dissemination		
	Mailing Address 1054 31st St NW	10 10 2016		
	Ste 430	Amount		
	City State Zip Code	4860.64		
	Washington DC 20007-6042	Transaction ID : VNTYH9TPM34 Date of Disbursement or Obligation		
	Purpose of Expenditure Video Production (Estimate) Category/ Type	10 / D D D / Y Y Y Y Y Y Y Y		
	Name of Federal Candidate Support Office	e Sought: House District: 00		
	TRUMP, DONALD J, , ,	President Senate State:00		
	Calendar Year-To-Date Per Election for Office Sought Disb 2010	ursement For: Primary		
	(a) SUBTOTAL of Itemized Independent Expenditures	564875.62		
	(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	· · · · · · · · · · · · · · · · · · ·	10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Signature			
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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Priorities USA Action	
	C C00495861
Check if 24-hour report 48-hour report New report Ame	nds report filed on
Full Name of Payee Shorr Johnson Magnus	Date of Public Distribution/Dissemination
<u> </u>	10 / 10 / 2016
Mailing Address 100 N 20th St Ste 201	Amount
City State Zip Code	44675.26
Philadelphia PA 19103-1454	Transaction ID : VNTYH9TPWN3 Date of Disbursement or Obligation
Purpose of Expenditure Video Production (Estimate) Category/ Type	10 10 7 2016
Name of Federal Candidate	upport Office Sought: House District: 00
TRUMB DONALD I	ppose
Calendar Year-To-Date Per Election for Office Sought 86198446.91	Disbursement For: Primary 2016 Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Allouit
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate St	upport Office Sought: House District:
O _I	ppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	44675.26
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	2232293.88
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Speed, Greg, , , [Electronically Filed]	Date 10 12 2016
Signature	